#### Edgar Filing: KANDARIAN STEVEN A - Form 3

### KANDARIAN STEVEN A Form 3 January 30, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

### (Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>KANDARIAN STEVEN A  |                    |                           | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)       |  | 3. Issuer Name and Ticker or Trading Symbol<br>REINSURANCE GROUP OF AMERICA INC [RGA] |  |                           |   |  |  |
|--|--------------------|---------------------------|---|--|---|--|---------------------------|---|--|--|
| (Last) (   | First)             | (Middle)                  | 01/25/2007  | ,  | 4. Relationship of Reporting Person(s) to Issuer                                      |  |                           | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |
| 10 PARK AVE  | 1<br>4             |                           |   |  |   |  |                           | × • /   |  |  |
| (Street)<br>MORRISTOWN, NJ 07962   |                    |                           |   |  | (Check all applicable)  |  |                           | 6. Individual or Joint/Group  |  |  |
|  |                    |                           |   |  | X_Director10% Owner<br>OfficerOther<br>(give title below) (specify below)             |  |                           | Filing(Check Applicable Line)<br>_X_ Form filed by One Reporting<br>Person<br>Form filed by More than One<br>Reporting Person |  |  |
| (City) (S  | State)             | (Zip)                     |   | Table I - N                                  | lon-Derivat   | ive Securiti   | es Be                     | neficially Owned  |  |  |
| 1.Title of Security<br>(Instr. 4)  |                    |                           |   | 2. Amount of<br>Beneficially (<br>(Instr. 4) |   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nat<br>Owne<br>(Instr. | *   |  |  |
| No securities an   | e benefic          | cially owne               | ed  | 0  |   | D  | Â                         |   |  |  |
| Reminder: Report of working the second secon |                    | te line for eac           | ch class of secu  | irities benefici                             | <sup>ally</sup> SI  | EC 1473 (7-02  | )                         |   |  |  |
|  | informa<br>require | ation conta<br>d to respo | oond to the c<br>ined in this f<br>nd unless the<br>IB control nu | orm are not<br>e form displa                 | ays a   |  |                           |   |  |  |
| Tabl   | e II - Deriv       | vative Secur              | ities Beneficia   | lly Owned (e.                                | g., puts, calls,  | warrants, opt  | ions, c                   | onvertible securities)  |  |  |

| 1. Title of Derivative Security<br>(Instr. 4) | 2. Date Exer<br>Expiration D<br>(Month/Day/Year) | ate                | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                        | 4.<br>Conversion<br>or Exercise<br>Price of | 5.<br>Ownership<br>Form of<br>Derivative | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|------------------------|---|--|---|
|   | Date<br>Exercisable                              | Expiration<br>Date | Title  | Amount or<br>Number of | Derivative<br>Security                      | Security:<br>Direct (D)<br>or Indirect   |   |

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

r

(I) (Instr. 5)

# **Reporting Owners**

| Reporting Owner Name / Addr                            | ess        | Relationships |         |       |  |  |  |  |
|--|------------|---------------|---------|-------|--|--|--|--|
| 1 8  |            | 10% Owner     | Officer | Other |  |  |  |  |
| KANDARIAN STEVEN A<br>10 PARK AVE<br>MORRISTOWN, NJ 07 |            | Â             | Â       | Â     |  |  |  |  |
| Signatures   |            |               |         |       |  |  |  |  |
| William L. (   | )1/30/2007 |               |         |       |  |  |  |  |
| <u>**</u> Signature of<br>Reporting Person             | Date       |               |         |       |  |  |  |  |

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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### **Remarks:**

### by power of attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.